

Complications of surgery

Even the most minor surgery has a complication rate. The main complications after shoulder surgery are infections and frozen shoulder. Infections generally occur from bacteria on the skin, these are more likely to grow in moist conditions so it is important to keep dressings dry.

Frozen shoulder is a nuisance condition but does resolve with time. If permitted you should try to mobilize the shoulder as quickly as possible (you may not be allowed if a rotator cuff repair needs to be protected in a sling for a few weeks). This condition causes pain and stiffness and can vary from mild to significant. It may require further intervention such as manipulation under anaesthetic or an injection called a hydrodilatation.

Other complications can occur occasionally. These can be general complications relating to anaesthetics and surgery. Please ask if you want more detail.

If you have significantly worsening pain/fever or sweats/ wound pain or smelly discharge you should contact Mr Salmon's rooms in hours or the hospital where the surgery was performed if after hours.

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Information regarding

Rotator Cuff Injury and Surgery



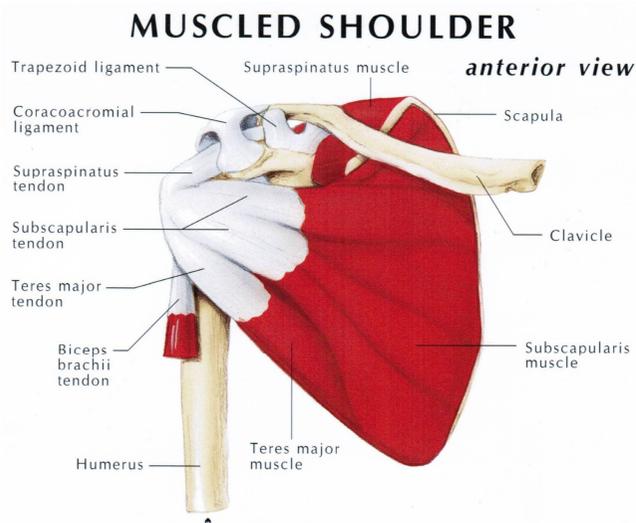
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The shoulder is a ball and socket joint that is large and very mobile.

The rotator cuff is a group of muscles that help to lift and rotate the shoulder joint, the muscles blend into a flat sheet of tendon that attaches to the humerus bone. The tendon runs under an archway made of bone (the acromion), a ligament (coraco-acromial ligament) and a joint (acromioclavicular joint).

The space under this archway can become too narrow and make it difficult for the tendon to glide smoothly, creating a condition called impingement. This condition can be made worse by the development of **bone spurs** on the undersurface of the acromion and acromioclavicular joint. Bone spurs can develop over time in response to chronic irritation. The tendons of the rotator cuff can tear. A tear can occur acutely with a sudden incident such as a fall, or chronically with wear and tear over time.



Arthritis of the small **acromioclavicular joint** is commonly associated with a rotator cuff condition. The **biceps tendon** which runs through the shoulder joint can also be irritated or tear.

Diagnosis

Symptoms of a **rotator cuff problem** include pain and weakness. Often the pain becomes gradually worse with time. It can be related to activities such as reaching at shoulder height or above, heavy activity or can be sport/ exercise related. Pain from the rotator cuff can often be felt in the outer/ mid aspect of the arm. This pain is called impingement. The AC joint pain can be on top of the shoulder and even towards the side of the neck. Pain is commonly worse at night. A tear of the tendon often causes weakness.

The best test to look for bone spurs and evidence of chronic impingement is an **x-ray**. Ultrasound is a secondary investigation and only useful if performed by an experienced radiologist. X-rays should always be performed first as these will also exclude other causes of shoulder pain such as arthritis. MRI scanning may sometimes be required.

Another common cause of shoulder pain is adhesive capsulitis (frozen shoulder). Symptoms are gradually increasing pain with no apparent cause followed by the subsequent development of a stiff shoulder—difficulty elevating the arm overhead/ reaching behind to back pocket/ bra strap. This condition almost always resolves spontaneously over 18-24 months.

Treatment

Milder forms of rotator cuff problems are often successfully treated with strengthening exercises/ physiotherapy and sometimes one or two cortisone injections. Cortisone is injected into the subacromial space with some local anaesthetic. The shoulder can ache for a day or two after this injection but improvement is generally noticed after a few days.

Operative treatment is indicated if troublesome pain persists, or if the tendon is torn. Usually if the rotator cuff tendon is torn pain will not settle with conservative measures. In situations of acute large tears with arm weakness surgery is best performed as soon as possible. Many large tears if left untreated can, within a few months, become irreparable and result in long term shoulder problems.

Surgery

The aim of surgery is to remove the bone spurs, repair any rotator cuff tear if present and deal with the acromioclavicular joint or biceps tendon if necessary. My techniques include arthroscopic (sometimes called “keyhole”) through tiny incisions and open surgery through a larger incision if necessary. The surgery is performed under a general anaesthetic sometimes in association with a nerve block performed by the anaesthetist. I always begin with an arthroscopy, sometimes the entire procedure is arthroscopic especially if the tear is small. Open surgery is required to assist the arthroscopy especially if there is a large tear or need for other procedures to the biceps or acromioclavicular joint.

After the surgery

You will usually need to stay in hospital one night, or two if open surgery is necessary. It is important to keep the wound dry. The dressings applied in hospital are waterproof and should be left alone until the post operative visit unless they become wet underneath. If this occurs you will need to get some dry dressings from a pharmacy and change the dressings, or contact the rooms.

Pain and often nausea or vomiting is to be expected post operatively. It is important to have plenty of sleep and take the pain killers regularly. Stronger pain killers can cause constipation—try to keep up fluids and eat lightly. After a few days panadol can often be taken during the day and stronger pain-killers just at night.

Exercises— follow the instruction from the hospital physiotherapist. You will be advised about further exercise at your post operative visit.

Driving— it is best not to drive for a few days post operatively as the anaesthetic and pain killers can affect your concentration and alertness. If you require a rotator cuff repair you may be advised not to drive for several weeks.

Return to work— depending on your job you are best to have at least a week off work.

Travel/ Social events— you are best not to arrange lengthy trips/ social events for a week or two after surgery.